

United States District Court

DISTRICT OF

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 04-30080-MAP

U. S., Internal Revenue Service, Commissioner of IRS,
IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

MDOR Office of the Commissioner, c/o Commissioner Alan LeBovidge
MA Dept of Revenue, P.O. Box 7011
Boston, MA 02204

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court with in a reasonable period of time after service.

CLERK

(BY) DEPUTY CLERK

DATE

April 29, 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>Mass Dept of Revenue</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MDOR Office of the Commissioner c/o Commissioner Alan LeBovidge MA Dept of Revenue P.O. Box 7011 Boston, MA 02204 RE: Fed Court Case # 04-30080-MAP (20)</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7002 3150 0002 2103 3940</p>			
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

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TO: (Name and address of defendant)

MA Dept of Revenue (MDOR), c/o Commissioner Alan LeBovidge
MA Dept of Revenue, P.O. Box 7011
Boston, MA 02204

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reasonable period of time after service.

CLERK

(BY) DEPUTY CLERK

DATE

April 24, 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MA Dept of Revenue (MDOR)
 c/o Commissioner Alan LeBovidge
 MA Dept of Revenue
 P.O. Box 7011
 Boston, MA 02204
 RE: Fed Court Case # 04-30080-MAP
 (19)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Received
Mass Dept of Revenue

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
(Transfer from service)

7002 3150 0002 2103 3957

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540